

## STATE OF FLORIDA LICENSED CONTRACTOR / PROFESSIONAL REGISTRATION FORM

In order to use the Central Florida Tourism Oversight District (the District) Building & Safety online permitting services to apply for permits, schedule inspections and obtain general permitting information, all users must be registered with the District in the main permitting system. All information must be verified and kept up to date throughout the year, including the main email address. Once established in our main permitting system, all approved users can then apply for a login registration with our online permitting system, Accela Citizen Access (ACA), at <https://ca.rcid.org/citizenaccess>. Additional information on how to register with ACA can be found in the ACA User's Guide, available on the Building Department website page: <https://www.oversightdistrict.org/doing-business/building-department/>.

### REQUIRED DOCUMENTATION

Provide a pdf copy of the following, along with this fully completed, notarized form:

- Current Florida Contractors License
- Current County or City Business Tax Receipt
- Current Certificate of Workers Compensation Insurance or Exemption (Note: the Certificate of Insurance (COI) must list Central Florida Tourism Oversight District, Building & Safety as the certificate holder.)

### OPTIONAL DOCUMENTATION

- Power of Attorney Form (A Power of Attorney can submit and sign permit applications, sign issued permits, and request access to the online permitting.)
- Agent Form (An Agent can sign issued permits and request access to the online permitting system.)
- Please note: If a Power of Attorney or Agent Form is not provided listing other approved users, only the License Holder will be authorized to submit and sign permit applications, sign issued permits and request access to the online permitting system.

### LICENSED CONTRACTOR / PROFESSIONAL INFORMATION REQUIRED (Must match State License information.)

State of Florida License No.	Expiration Date	Trade Category	
License Holder Last Name	License Holder First Name	Middle Initial	
Business Name			
Business Address	City	State	Zip
Business Phone No.	License Holder Phone No.		
License Holder Email	Main Contact Email Address (Note: All District notifications to be sent to this one main email address.)		
License Holder Signature			

**State of Florida, County of** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

- Personally Known  
 Produced Identification \_\_\_\_\_  
Type of Identification

**Notary as to Contractor/  
License Holder:** \_\_\_\_\_  
Signature

Notary Stamp here

Return this fully executed form and all supporting pdf documents to [Permitting@oversightdistrict.org](mailto:Permitting@oversightdistrict.org).